•/-								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									10/		739	18	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMA TYPE		NTITY	OR		R THAN ENTITY	
TOTAL CLAIMS						·		TE	FEE	7	RATE	FEE	
FOR			NUMBER FILED N			BER EXTRA	BASI	C FEI	385.00	OR	BASIC FEE	530,	
TOTAL CHARGEABLE CLAIMS			minus 20= *					9=		OR	X\$18=		
INDEPENDENT CLAIMS			<i>(</i> m	inus 3 =	*	×				OR	X86=		
ML	LTIPLE DEPEN	NDENT CLAIM P	RESENT				+14	15=	1	1 10R	+290≈	/_	
* If the difference in column 1 is less than zero, enter "0" in column 2								ΓAL		OR	TOTAL	50	
0	Q ALAIMS AS AMENDED - PART II								ENITITY	<b>-</b>	OTHER		
г <i>-1</i>	191100	(Column 1)	<del></del>	(Column 2) HIGHEST NUMBER PREVIOUSLY		(Column 3)	RATE	4LL	ENTITY	OR	RATE		
NTA		REMAINING AFTER				PRESENT EXTRA		ΓΕ	ADDI- TIONAL			ADDI- TIONAL	
AMENDMENT	Total	* AMENDMENT	Minus	PAID F	10) -	=0	X\$	 9=	FEE	OR	X\$18=	FEE /	
AMEN	Independent	. 1	Minus	***	3	9	X43	}=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								/_	1	. 200		
							+14	)TAL	1	OR	+290=		
	٠	(Caluman 4)		<b>(0</b> -1	·.	(Oal, 0)	ADDIT.			OR	TOTAL ADDIT. FEE		
	<del></del>	(Column 1) CLAIMS	1	(Colum		(Column 3)	<u></u>		ADDI-	) r		4.001	
MEN		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA	RAT	E	TIONAL		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ !	)=	1 66	OR	X\$18=	ree_	
	Independent	*	Minus	***		=	X43	=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								i=		OR	+290=		
· .							TO ADDIT.	TAL		L	TOTAL ADDIT. FEE	•	
		(Column 1)		(Colum	ın 2)	(Column 3)	ADDII.						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	##		=	X\$ 9	=		OR	X\$18=	166	
WE	Independent	*	Minus	***		=	X43			ŀ	X86=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-		OR	7,00-		
• #	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR A	TOTAL DDIT. FEE		
		ber Previously Paid					found in th	е арр	ropriate box	in colu	ımn 1.		
												1	